

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

Joseph P. Schmitt

DEFENDANT

Steven Kennedy

COURT CASE NUMBER

05-10573-RWZ

TYPE OF PROCESS

Civil Rights Action

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE AND DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Bridgewater State Hospital

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

Bridgewater, Massachusetts

AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Joseph P. Schmitt
30 Administration Road
Bridgewater, Massachusetts
02324-3230Number of process to be
served with this Form - 285Number of parties to be
served in this case

10

Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):
FoldIf this defendant can not be served at the above address then serve
at Ma. Dept. of Corr. Legal Division 70 Franklin Street, Suite 600
Boston Massachusetts

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

4/21/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

1

District
of Origin

No. 38

District
to Serve

No. 38

Signature of Authorized USMS Deputy or Clerk

Nancy Jalawala

Date

5/9/06

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)

A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Date of Service

5/12/06

am

pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

90.00

Total Mileage Charges
(including endeavors)

20.44

Forwarding Fee

—

Total Charges

110.44

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

STEVEN KENNEDY will not be available
for two weeks from service date.